

## REFERENCE FORM FOR PERSON SEEKING ASSOCIATION WITH HOME

This is a reference for \_\_\_\_\_ of \_\_\_\_\_,  
Name of Applicant Address of Applicant  
\_\_\_\_\_ whom I have known for \_\_\_\_\_ in the capacity of \_\_\_\_\_  
City State Year(s) Month(s)  
\_\_\_\_\_ for employment with \_\_\_\_\_  
(Friend, Co-Worker, Employer, etc.) NOT A RELATIVE Name of Home

I know this person: • Very Well • Casually • Not Well Enough to Give a Reference

Please answer the following questions:

1. Does the applicant show any serious health, alcohol, or drug problems? • Yes • No

If Yes, Please explain \_\_\_\_\_  
\_\_\_\_\_

2. Can you attest to the good character, maturity, and sound judgment of the applicant? • Yes • No

If No, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. How would you assess the applicant's ability to provide good care to the disabled or elderly adult?

Check one: • Excellent • Good • Fair • Poor

4. List those qualities which you believe will enable the applicant to work successfully (or unsuccessfully) with the disabled or elderly:

\_\_\_\_\_  
\_\_\_\_\_

5. If a vulnerable adult needed placement in an assisted living home, how would you feel about the applicant taking care of him/her?

• Very Enthusiastic • Somewhat Enthusiastic • Worried • Wouldn't Want

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name of Reference Signature of Reference Date Area Code Telephone Number  
\_\_\_\_\_  
Address of Reference City State Zip Code